DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD
CG-5460B (Rev 3-03)

VISIT PROFILE

See Privacy Act Statement on Page 2.

DATE ____ Month ____ Day ____ Year

NAME

Last ____ First ____ MI ____

SPONSOR'S SOCIAL SECURITY NUMBER

___ ___ ___ – ___ ___ – ___ ___ ___ ___

PURPOSE OF VISIT

SPONSOR'S STATUS

- ☐ Active Duty
- ☐ Retired
- ☐ Reservist
- ☐ Civilian Employee
- ☐ Non-Beneficiary

DEPENDENT'S INFO

Sponsor: ☐ Active ☐ Retired

- ☐ Spouse
- ☐ Child *(circle birth order)*
  1 2 3 4 5 6 ____
- ☐ Unremarried Former Spouse
- ☐ Sponsor's Parent/In-Law

NEW PATIENT'S INFORMATION:

DATE OF BIRTH Month ____ Day ____ Year ____

LIST ANY DRUG ALLERGY OR DRUG REACTION

1.	**4.**
2.	**5.**
3.	**6.**

Check what time period you intend to use (any) clinic service(s) in the future.

- ☐ One time visit
- ☐ Less than 6 months
- ☐ More than 6 months

SERVICE

- ☐ USCG
- ☐ USA
- ☐ USN
- ☐ USAF
- ☐ USMC
- ☐ OTHER

ADDRESS

Street

City

State Zip

PHONE Home ( ) Work ( )

Do you have medical insurance other than CHAMPUS? ☐ Yes ☐ No

- CLINIC USE ONLY BELOW THIS LINE -

MEDICAL OPV(s)

Provider's initials		
		Limited Visit (0-15)
		Intermediate (15-30)
		Extended (>30)
		Audit Code (s)
		After Hours OPV
		Lac Repair/Cast/Splint
		Biopsy
		Narrative Summary
		Pap
		Telephone OPV
		Routine Exam
		Subst/Overseas
		OMMP Basic Exam
		Command Afloat

NON-OPV

		Audit Code (s)

ACCIDENT/THIRD PARTY

☐ Check if this accident could result in a third party claim.

FED	REFERRALS	NFED
	Alcohol	
	Dental D E P O S K	
	Dermatology	
	Emergency	
	ENT	
	Eye	
	General Practice	
	GYN/OB	
	Internal Medicine	
	Mammogram	
	Mental Health	
	Orthopedics	
	Other	
	Pediatrics	
	Physical Therapy	
	Surgery	

TICKLER UPDATE

	Audiogram
	PPD/CXR for TBC
	HIV
	Influenza
	Tetanus/Diptheria
	Yellow Fever

DENTAL OPV(s)

	OPV Caregiver
	Prophy Giver
	Annual Exam
	Emergency
	Restoration (s)
	Surfaces (s)
	Root Canal (s)
	Pulpotomy (ies)
	Impaction (s)
	Extraction (s)
	Other Surg/Quad
	Non-Surg Perio/Quad
	Sealant (s)
	Treatment Appliances/Arch
	Denture Partial/Full/Arch
	Cast Unit (s)
	Acid Etch Unit (s)
	After Hours OPV
	Telephone OPV
	Audit Code

	Class
	Dx Minutes
	PSR Total
	Biopsy

MISC.

1.	
2.	
3.	

PREVIOUS EDITION MAY BE USED

Reset

PRIVACY ACT STATEMENT

1. Authority for collection of the information is Title 5, 10 and 14 United States Code and Executive Order 9397.
2. Principle Purpose(s) for which information is intended to be used is the documentation of your health care. The SSN is required to identify authorized beneficiaries and retrieve health records.
3. The routine uses will be to plan and coordinate future health care needs through the use of data collection.
4. Disclosure of the information is mandatory because of the need to document all active duty medical incidents and for all other personnel/beneficiaries to document their eligibility. If the requested information is not furnished, comprehensive health care will not be possible, Emergency/Urgent health care will not be denied.

AUDIT CODES

AG -- Acute Gastroenteritis
AV -- Abnormal Vaginal Bleeding
BA -- Bronchial Asthma
BM -- Breast Mass
BS -- Blood in Stool
CH -- Cholesteral Problem
CP -- Chest Pain
DE -- Depression
DM -- Diabetes Mellitus
DY -- Dyspepsia
FP -- Failed Procedure/Retreatment
HA -- Headache
HE -- Hematuria
HI -- Head Injury
IP -- Infection-Postop
HT -- Hypertension
LB -- Low Back Pain
MS -- Minor Surgery
OM -- Otitis Media
PF -- Pediatric Febrile Illness
PP -- Pelvic Pain
PY -- Pyoderma
SI -- Sinusitisn
ST -- Strep Throat
TD -- Thyroid Disorder
TM -- TMJ Problem
UR -- URI
UT -- Urinary Tract Infection
WC -- Well Child Exam
WP -- Wisdom Tooth Problem